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(Business Entity Name)

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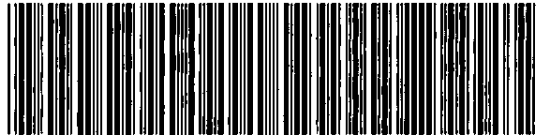
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09 DEC 12 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

DEC - 4 2009

EXAMINER

W09-52934



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2009

LUZ ELENA FARACHE
17786 LAKE AZURE WAY
BOCA RATON, FL 33496

SUBJECT: J.F. LLC
Ref. Number: W09000052934

We have received your document for J.F. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 409A00037233

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.F. LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUZ ELENA FARACHE

Name of Person

Firm/Company

17786 LAKE AZURE WAY

Address

BOCA RATON FL, 33496

City/State and Zip Code

COLLUML@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUZ ELENA FARACHE

Name of Person

at (**561**) **451-2176**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From: Victor Lerro Co

561 995 7551

12/11/2009 12:27

#304 P.003/004

FROM: F FILL GROUP CORP

FAX NO. : 5614514103

Dec. 11 2009 9:49AM P2

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09 DEC - 12 AM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J. F. MYKONOS RESTAURANT LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

17786 LAKE AZURE WAY
BOCA RATON FL 33496

Mailing Address:

17786 LAKE AZURE WAY
BOCA RATON FL 33496

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

F. FILL GROUP CORPORATION

Name

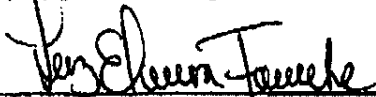
17786 LAKE AZURE WAY

Florida street address (P.O. Box NOT acceptable)

BOCA RATON 33496 FL

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM _____

LUZ ELENA FARACHE
17786 LAKE AZURE WAY
BOCA RATON FL 33496

MGRM _____

ABUZER YARDIMCI
6897 SW 18 TH STREET
BOCA RATON FL 33433

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/27/09 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUZ ELENA FARACHE

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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 09 DEC -12 PM 12:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA